



A NATIONAL ASSOCIATION

ASPIRA of AMERICA, INC. • 1117 18th Street, NW, Suite 200, Washington, D.C. 20036 • (202) 638-3600

MEMORANDUM

RECEIVED AUG 18 1987

TO: ASPIRA Board Members, Executive Directors, Institute Council of Advisors, and Participants in Hispanic Needs Assessment

FROM: Janice Petrovich, Director, Institute for Policy Research

DATE: July 30, 1987

RE: ASPIRA Advocacy Network

A year ago at this time, ASPIRA initiated the ASPIRA Advocacy Network to deliver timely messages to our elected officials in Washington on issues concerning Hispanic youth. The Network consists of Public Opinion Messages sent to members of Congress at critical times when they need to hear from their constituents.

In the past year, the Advocacy Network has been activated twice: once to oppose efforts to weaken the Bilingual Education Act in the Senate and once to support the inclusion of community-based organizations in funding authorizations for dropout prevention and adult education programs. Other organizations also have successfully used Public Opinion Messages, and they have become an effective device during many stages of the legislative process, from committee amendments to actual floor votes to conference deliberations.

The Advocacy Network, in addition to giving Hispanics a unified voice before Congress, is also an effective tool for community empowerment. Individuals and groups who may not have time to write individual letters commit themselves to letting ASPIRA take rapid action on their behalf for the betterment of the Hispanic community.

Here's how it works:

- 1) Filling the attached form, you authorize the ASPIRA Association, Inc. to send messages on the issues you select.
- 2) You indicate the number of messages you authorize us to send within a twelve-month period.



- 3) We will inform you each time that a message has been sent and send you a copy of the text.
- 4) The cost of a Public Opinion Message (\$4.00 each) will be billed to you by Western Union as part of your telephone bill.

The larger our Advocacy Network, the greater our capacity to advocate. As we enter the second year of our Network, ASPIRA is hoping to expand our advocacy work to make the Hispanic presence felt in deliberations on policy issues affecting our community. If you are not yet a member of the ASPIRA Advocacy Network please take a moment to fill out and return the enclosed authorization form. If you are a member, thank you for your support in the past year. Please fill out the enclosed form to renew your commitment to advocacy on behalf of Hispanic youth. We also encourage you to duplicate the forms and pass them along to others interested in having a say on policies which affect the Hispanic community.

Thank you for your participation in this effort. If you have any questions, please do not hesitate to contact me or Elizabeth Weiner-Samir at (202) 838-1600.

/ewr
Enclosure



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ASPIRA of AMERICA, INC. • 1712 16th Street, NW, Suite 200, Washington, D.C. 20036 • (202) 638-2600

ASPIRA ADVOCACY NETWORK AUTHORIZATION FORM

I hereby authorize the ASPIRA Association, Inc. to send Public Opinion Messages (POMs) to members of Congress and the Executive Branch in my name and on my behalf. I authorize ASPIRA to send messages (check one):

- 1) ☐ In support of policies that generally improve life opportunities for Hispanics or Hispanic community-based organizations. Under this option, I understand that ASPIRA will select issues of critical importance to Hispanics for messages sent on my behalf.
- 2) ☐ Only on issues which I have marked below (check as many as desired):
- a) ☐ Support for educational opportunities for Hispanics.
 - b) ☐ Support for effective employment and training programs.
 - c) ☐ Support for adequate economic development programs.
 - d) ☐ Support for maintenance of current levels of, or increases in, appropriations for education, employment, health, housing, economic development, and other social programs.
 - e) ☐ Support for/opposition to nominees for Executive and Judicial appointments based on sensitivity to Hispanic concerns.

I authorize ASPIRA to bill these messages to my (check one):
☐ Home telephone number; or
☐ Organization's telephone number.

I authorize ASPIRA to send up to the following number of messages billed to my home or organization telephone number (check one):
☐ Two (2) messages per year, at a total cost of \$0.00.
☐ Five (5) messages per year, at a total cost of \$22.50.
☐ Ten (10) messages per year, at a total cost of \$44.00.
☐ Twenty (20) messages per year, at a total cost of \$88.00.

Name (PLEASE PRINT) _____ Date _____

Signature _____

Name on Phone Bill/Organization's Name _____

Home Address/Organization's Address _____

Home Phone/Organization's Phone _____
(We must have a telephone number for billing purposes.)

Please return this form to the ASPIRA Association National Office.

